

EXHIBIT K

LEASE AGREEMENT

THE DOCUMENT COMPANY
XEROX

Customer's Legal Name (Bill to) TELETYPEGRAPHIC INC. A WHOLLY OWNED Check all that apply
 Name Overflow (if needed) SUBSIDIARY OF PHOENIX COLOR ☒ Tax Exempt (Certificate Attached)
 Street Address 22277 EAGLEWOOD CE. ☐ Assoc./Coop. Name: _____
 Box#/Routing _____ ☐ Negotiated Contract #: _____
 City, State STERLING VA ☐ Attached Customer P.O. #: _____ Supplies: _____
 Zip Code 20146 Lease: _____
 Tax ID# _____ ☐ State or Local Government Customer
 Int. Rate: _____ % Total Int. Payable: \$ _____
 Customer Name (Install) PHOENIX COLOR CORP ☐ Replacement/Modification of Prior Xerox Agreement
 Name Overflow (if needed) _____ Agreement covering Xerox Equipment Serial# (or 95#): _____
 Installed at Street Address 18249 PHOENIX DR. is hereby ☐ modified. ☐ replaced. Effective Date: 1/1/
 Floor/Room/Routing _____ Comments: _____
 City, State HARTZTOWN, MD Lease Information
 Zip Code 21742 Lease Term: 60 months
 County Installed In _____ ☐ Supplies included in Base/Print Charges
 Customer Requested Install Date 9/10/99 ☐ Refin. of Prior Agm't.: ☐ Xerox (95#) ☒ 3rd Party Eq.
 Amt Refin: \$ _____ Int Rate: _____ % Total Int. Payable: \$ _____

Lease Payment Information

Product (with serial number, if in place equipment)	Purchase Option	Down Payment	Prev Install	Fin'l Interm	Cust Install
<u>DOCUSHEETER 6180</u>	\$ <u>0</u>	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>RUNNING PERFORATOR</u>	\$ <u>0</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>ROLL CART</u>	\$ <u>0</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>INSTALLATION</u>	\$ <u>0</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>TRAINING</u>	\$ <u>0</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\$ 2088.07 : MINIMUM MONTHLY LEASE PAYMENT (excl. of applic. taxes)

Price Information

☐ Adjustment Period

Period A - Mos. Affected:		Period B - Mos. Affected:	
Monthly Base Charge	\$	Monthly Base Charge	\$
Print Charge Meter 1:		Print Charge Meter 1:	
Prints 1 -	\$	Prints 1 -	\$
Prints -	\$	Prints -	\$
Prints -	\$	Prints -	\$
Print Charge Meter 2:		Print Charge Meter 2:	
Prints 1 -	\$	Prints 1 -	\$
Prints -	\$	Prints -	\$
Mo. Min.# of Prints (based on Meter 1 Print Charges):		Mo. Min.# of Prints (based on Meter 1 Print Charges):	

☐ Purchased Supplies ☐ Cash ☐ Financed ☐ Contract#

Reorder #	Qty	Description	Price
			\$
			\$
			\$
			\$
			\$
		Total Price =	\$

☐ Application Software

Software Title	Initial License Fee	Annual Renewal Fee
	<input type="checkbox"/> Cash <input type="checkbox"/> Finance	<input type="checkbox"/> Support Only
	\$	\$
	\$	\$
	\$	\$
Total Initial License Fees =	\$	

☐ Trade-In Allowance Final Principal Payment#

Manufacturer	Model/Serial #	Allowance
		\$
		\$
		\$
		\$
		Total Allowance =
		\$

 Total Allowance Applied to: ☐ Trade-In Equipment Balance: \$ _____
☐ Price of Replacement Equip.: \$ _____
☐ K-16 BillingSuspension
(check 1 as required)

Months affected

- ☐ June only
☐ July only
☐ August only
☐ June - July
☐ July - August

Additional Options (check all that apply)

- ☐ Run Length Plan ☐ Fixed Price Plan
☐ Per-Foot Pricing
☐ Extended Service Hours:
 Description: _____ /\$ _____ mo.
☐ Comp. Replacement Program: \$ _____
☐ Attached Addenda
 form# _____ () form# _____

Agreement Presented By:

 Name BRUCE NUSSBAUM Phone 8459 7676
702-462-7676
 " " Corporation - Acceptance By: _____

Signature _____

Form 51860 (10/97)

 Exh. No. 12 Date 3/5/03
ORC
 Ilana Johnston Salomon Reporting

Customer:

 Name WACI MAPLE Phone 703 834 1111
Title OPERATIONS Date _____Signature X [Signature] 9/7/99

